

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-975)**

726-011
FILING DATE: 11/11/01
APPLICANT(S):

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT										
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51								
2		1		1			52								
3		1		1			53								
4		1		1			54								
5			1				55								
6		1		1			56								
7		1		1			57								
8		1		1			58								
9		2		2			59								
10		2		2			60								
11		2		2			61								
12		2		2			62								
13		1	1				63								
14		2		1			64								
15		2		2			65								
16		2		2			66								
17		1		2			67								
18			1				68								
19		1		1			69								
20		2		2			70								
21		1	1	2			71								
22							72								
23		1		1			73								
24		2		2			74								
25		1		2			75								
26		1		2			76								
27		1		1			77								
28		1		1			78								
29			1				79								
30							80								
31							81								
32							82								
33							83								
34							84								
35							85								
36							86								
37							87								
38							88								
39							89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	6		6				TOTAL IND.								
TOTAL DEP.	33		36				TOTAL DEP.								
TOTAL CLAIMS	39		41				TOTAL CLAIMS								

BEST AVAILABLE COPY